



# **BUREAU OF ANIMAL CONTROL 501C3 ANIMAL RESCUE GROUP APPLICATION AND ADOPTION INSTRUCTIONS**

All 501C3 Animal Rescue Groups wishing to adopt animals from the Bureau of Animal Control will first apply with the Bureau. The requirements for a 501C3 Animal Rescue Group are as follows:

- An officer of the Animal Rescue Group must completely fill out the application.
- Provide proof they are an officer of the Animal Rescue Group.
- Provide a copy of their IRS paperwork showing they are a 501C3.
- Designate two of their members that will conduct all adoptions, providing required information in application.
- Pay all fees for adoption, shots and spay or neuter of the animal.
- Provide the location that each animal being adopted is going to be housed at the time of the adoption.
- Sign a waiver at the time of the adoption if the animal has any known medical or behavioral problems.
- All adopted animals will be picked up from the veterinarian's office on the date specified after the animal has been spayed or neutered.
- An animal welfare official has the right to inspect any kennel or foster location(s) unannounced at reasonable times.

Once the Bureau has received your application it will be reviewed for proper qualifications and documentation. You will receive a letter notifying you that your organization has been approved and can now adopt animals under the Bureau's 501C3 Adoption Program or explaining why your organization has not been approved. To adopt an animal your organization's representatives must follow the following procedures:

- On the animals evaluation date you must request to adopt the animal from the spcaLA.
- If the animal is not be taken or adopted by the spcaLA your representative can then request the animal under the Bureau's 501C3 Adoption Program.
- Animals that are a danger to the public will not be adopted as allowed by law.
- The adoption will be completed with the Bureau's staff at the time of request.
- An appointment will be made to have the animal spayed or neutered (altered) at our Veterinarian. The Bureau will transport the animal to the veterinarian's office for the altering.
- The animal shall be picked up by the 501C3 Animal Rescue Group on the date specified after the animal has been altered. In the event the animal cannot be altered at the time of adoption for medical reasons. It will be returned on the date specified by the veterinarian for altering. Failing to complete having an animal altered will result in the 501C3 Animal Rescue Group be excluded from adopting animals through the Bureau's 501C3 Adoption Program.



# 501C3 ANIMAL RESCUE GROUP APPLICATION FORM

Group Name: \_\_\_\_\_ 501C3 ID# \_\_\_\_\_ (attach copy)

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone #: \_\_\_\_\_ Fax #: \_\_\_\_\_ Website: \_\_\_\_\_

Primary Contact Person: \_\_\_\_\_ Email: \_\_\_\_\_

Type of Animals Under Jurisdiction of Corporation

Species/Breeds: \_\_\_\_\_

## Kennel Address (where animals are housed, if different from above)

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Total # of Runs Indoor: \_\_\_\_\_ Outdoor: \_\_\_\_\_ Covered: \_\_\_\_\_ Uncovered: \_\_\_\_\_

How many animals are currently housed at this location: \_\_\_\_\_ . How many

animals are currently housed in foster homes: \_\_\_\_\_ . How many animals are

currently at other locations: \_\_\_\_\_ Specify: \_\_\_\_\_

If you use foster homes; list names, addresses, phone number and number of animals at each location on attached form.

Do you have a kennel permit to house multiple animals at this location? Yes or No

If yes, what agency, city or county issued the permit? \_\_\_\_\_

Permit number: \_\_\_\_\_ Expiration date: \_\_\_\_ / \_\_\_\_ /200 \_\_\_\_ (attach copy of permit)

## Veterinarian Used for Animal Care

Name: \_\_\_\_\_ Clinic: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

## Authorized Adopters (must show valid picture ID at pickup)

1. Name: \_\_\_\_\_ Drivers License/ID # \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone #: \_\_\_\_\_

2. Name: \_\_\_\_\_ Drivers License/ID # \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone #: \_\_\_\_\_

I understand that an animal welfare official has the right to inspect and/or visit the foster/kennel location(s) unannounced at reasonable times. I certify that all information provided is true, complete, and correct. I will assure the humane treatment of all animals released to me or my designee and agree to remain in compliance with local and state laws as they pertain to code compliance and humane animal care.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_ Title: \_\_\_\_\_

For Office Use Only		
Date Received:	Control #:	Date Reviewed:
Reviewed By:		
501 C3 received:	Reference Check Completed:	
Property Inspection Completed:	Results:	



## 501(c)(3) ANIMAL RESCUE ORGANIZATION ADOPTION PROGRAM APPLICATION FORM

IMPORTANT: THIS DOCUMENT RELIEVES THE CITY OF LONG BEACH, AND THEIR OFFICERS, EMPLOYEES AND AGENTS FROM LIABILITY FROM PERSONAL INJURY, WRONGFUL DEATH, AND PROPERTY DAMAGE CAUSED BY THIS ANIMAL. I HAVE READ THIS DOCUMENT, UNDERSTAND IT, AND SIGN VOLUNTARILY.

Date \_\_\_\_\_

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

\_\_\_\_\_  
(Title)

Date \_\_\_\_\_

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

\_\_\_\_\_  
(Title)

### For Office Use Only

Date Received:	Control #:	Date Reviewed:
Reviewed By:		
501 C3 received:		Reference Check Completed:
Property Inspection Completed:		Results:

[illegible]

# RECORD OF TRANSFER

Transfer Permit Number \_\_\_\_\_ Date of Transfer/Sale \_\_\_\_\_

## Transferring Owner Information:

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone Number (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_ Alt Phone Number (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

## New Owner Information:

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone Number (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_ Alt Phone Number (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

## Animal Information:

Type \_\_\_\_\_ Sex \_\_\_\_\_ Spayed or Neutered? Yes \_\_\_\_\_ No \_\_\_\_\_ (if altered, provide proof)

Breed \_\_\_\_\_ Birth Date: \_\_\_\_\_

Color \_\_\_\_\_ Microchip # \_\_\_\_\_

Immunization History (if given by licensed veterinarian please attach copies):

\_\_\_\_\_  
\_\_\_\_\_

***All dogs aged 4 months or older must have a valid dog license issued by the City of Long Beach. In order to receive a dog license, a valid certificate of rabies inoculation must be submitted along with the required dog licensing fee.***

(copies to be given to new owner and to Long Beach Animal Control)